



MISSOURI ETHICS COMMISSION  
COMMITTEE STATEMENT OF LIMITED ACTIVITY  
INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. \_\_\_\_\_

1. DATE OF REPORT	OFFICE USE ONLY
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2. FULL NAME OF COMMITTEE		
3. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:		4. COMMITTEE TELEPHONE NUMBER Home: Work
5. TREASURER'S NAME		
6. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:		7. TREASURER'S TELEPHONE NUMBER Home: Work
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER		
9. DEPUTY TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:		10. DEPUTY TREASURER'S TELEPHONE NUMBER Home: Work
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL	13. TIME PERIOD COVERED BY THIS STATEMENT FROM _____ THROUGH _____
14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____		
15. TYPE OF REPORT: <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT JAN 15      APRIL 15      JUL 15      OCT 15 <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE		
16. TREASURER'S STATEMENT  I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.  _____ TREASURER'S SIGNATURE		17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEE ONLY)  I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.  _____ CANDIDATE'S SIGNATURE

## **COMMITTEE STATEMENT OF LIMITED ACTIVITY INSTRUCTIONS**

**PURPOSE:** Form CD-LA can be filed in place of a full committee disclosure report for those reporting periods during which a committee has little or no financial activity. Any contributions received or expenditures made which are not reported because this statement is filed in lieu of a disclosure report must be included in the next full disclosure report filed by the committee.

**ELIGIBILITY:** In general, a committee may file Form CD-LA instead of a full disclosure report for any reporting period in which the committee neither received contributions nor made expenditures totaling more than \$500.

Form CD-LA **cannot** be filed in any of the following cases:

- In lieu of the 30 Day After Election Report if the committee has a deficit of more than \$1,000;
- In place of two or more consecutive reports if either the contributions received or expenditures made in the aggregate during those reporting periods exceed \$500.

### **CONTENT OF FORM:**

- ITEM 1:** Enter the date the statement is being filed.
- ITEM 2:** Enter the committee's full name.
- ITEM 3:** Enter the committee's mailing address (if any).
- ITEM 4:** Enter the committee's telephone number (if any).
- ITEM 5:** Enter the full name of the committee treasurer.
- ITEM 6:** Enter the treasurer's mailing address.
- ITEM 7:** Enter the treasurer's home and work telephone numbers.
- ITEM 8:** Enter the deputy treasurer's name or check the box provided if the committee has not assigned a deputy treasurer.
- ITEM 9:** Enter the deputy treasurer's mailing address (if any).
- ITEM 10:** Enter the deputy treasurer's home and work telephone number (if any).
- ITEM 11:** Enter the date of the election for which this statement is being filed.
- ITEM 12:** Indicate the type of election for which this statement is being filed.
- ITEM 13:** Enter the opening and closing dates of the period covered by this statement.
- ITEM 14:** (Candidate Committees Only) - Enter the candidate's name, office sought, political subdivision, and political party affiliation.
- ITEM 15:** Indicate the type of report this statement is being filed in lieu of.
- ITEM 16:** The treasurer must sign this statement.
- ITEM 17:** (Candidate Committees Only) - The candidate must sign this statement.

### **MISSOURI ETHICS COMMISSION**

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800 / 392-8660

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR  
LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION